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Under the Paperwork Reduction Act of 1998, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Humber 029162 Substitute for Form PTO-876 APPLICATION AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY OR . (Column 2) ·· SMALL ENTITY FOR NUMBER FILED **HUMBER EXTRA** RATE (\$) FEE (4) RATE (4) BASIC FEE . OT OFR 1.16(a), (b), or (c)) FEE (t) SEARCH FEE (87 OFR 1.14(0, (1), or (m)) EXAMINATION FEE (SZ OFR 1,16(o), (p), or (q)) TOTAL CLAIMS (97-CFR 1.16(I)) minus 20 🛎 . OR • INDEPENDENT CLAIMS (37 CFR 1.16(h)) ·x . x -If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each 687 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). MALTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II) " If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) OR SMALL ENTITY SMALL ENTITY CLAIMS REMAINING HIGHEST NUMBER PREVIOUSLY PRESENT RATE (\$) ADDI-TIONAL RATE (\$) AFTER ADDI-**EXTRA** Š TIONAL AMENDMENT PAID FOR FEE (\$) FEE (4) Total colorer s. sego 39 × 25 = 5000 53 OR AMEND Independer profit 1.16 Minus ×100 I O Ĩ l O × 20000 OR Application Size Fee (37 CFR 1,16(s)) FIRST PRESENTATION OF MILETIPLE DEPENDENT CLAIM (87 CFR 1.160) OR TOTAL TOTAL ADD'L FEE 06/02/06 ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAMA HIGHEST REMAINING NUMBER **PRESENT** RATE (\$) ADDI-TIONAL RATE (\$) ADOI-**AFTER** PREVIOUSLY EXTRA MENDMENT PAID FOR FEE (1) FEE (\$) Total (17 OFR LINE) 29 × OR Minus (17 CFR 1.560 x OR Application Size Fee (37 CFR 1,16(s)) PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.14(I)) OR TOTAL ADD'L FEE TOTAL ADD'L FEE OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" IT old or independent) is the highest number jound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fits (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the includual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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